

Parent Partner

Forms Guide





PARENT PARTNER APPROACH FORMS CHECKLIST

TITLE OF FORM	DHS FORM #	WHO COMPLETES	WHEN	WHERE TO FILE
Referral & Intake (Family Profile)	470-5073	Referral agency; Local Coordinator or Lead Parent Partner	Program entry	Original – Program file
Consent for the Release of Confidential Information	N/A	Local Coordinator or Lead Parent Partner	Program entry	Original – Program file
Family Self-Assessment (ENTRY)	470-5070	Parent Partner with Family member	Program entry	Original – Program file
Family Self-Assessment (EXIT)	470-5069	Parent Partner with Family member	Program exit	Original – Program file
Fidelity Checklist & Family Outcomes	470-5071	Parent Partner with Local Coordinator	Program exit	Original – Program file
Family Feedback (EXIT)	470-5072	Family Member	Program exit	Original – Program file
Parent Partner Monthly Activity Tracking Form	470-5068	Parent Partner	Each month	Original – Program file

Parent Profile (Referral/Intake) Form

Purpose:

This form is a communication tool for the referral process and is used to collect general intake information needed by the Parent Partner Program to provide support for the parent.

Who completes form?

- Referring person should complete as much of the form as possible (aside from the section for program use only) and forward to the Local Coordinator via e-mail or hard copy.
- The Local Coordinator and/or Lead Parent Partner should meet with the parent to complete the rest of the form.

When is form to be completed?

- This will allow the Local Coordinator to make a decision to provide support for the parent.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- This form contains **confidential information** about an individual and should be respected as such. It should never be left out unattended, nor should the information be shared with others. Treat the information as securely as you'd want others to treat your personal information.
- The form should be handled by the Local Coordinator and/or Lead Parent Partner and is kept in the program folder for the individual.

How is the information used?

- This information is primarily used to determine whether or not an individual will be accepted as an appropriate referral.
- This information will be used to determine a Parent Partner match.

Where is this information kept after the family is no longer involved?

- Ten years following an individual's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM - PARENT PROFILE REFERRAL AND INTAKE FORM

REFERRAL INFORMATION

Person Making Referral: _____ Date of Referral: _____

Email: _____ Phone: _____

Referral agency: ☐ DHS ☐ Self ☐ Other: _____

Does the family know a referral is being made? ☐ Yes ☐ No Release signed? ☐ Yes ☐ No

Reason for referral: _____

Has the family attended a Pre-Removal Conference (PRC)? ☐ Yes ☐ No

Date of PRC (if different from referral): _____ Time of PRC: _____

Current concerns: ☐ Domestic Violence ☐ Substance Abuse ☐ Mental Health—Parent
☐ Housing ☐ Physical Abuse ☐ Mental Health—Child(ren)
☐ Child(ren) Supervision ☐ Sexual Abuse ☐ Other _____

DHS Worker (if different from 'Person Making Referral'): _____

Email Address: _____ Phone Number: _____

PARENT INFORMATION

Referred Parent Name (Last, First): _____ ☐ Mother ☐ Father

Parent FACS ID#: _____ D.O.B. ____/____/____ Youngest Child FACS ID#: _____

Primary Phone Number: _____ Alternate Phone: _____

Current Address: _____
(Street Address, City, State, Zip Code)

County _____ Email Address: _____

FAMILY INFORMATION

Other Parent Name (Last, First): _____ ☐ Mother ☐ Father

Has this parent been referred to the PP program? ☐ Yes ☐ No

(Turn over for page 2)

Does this parent share custody of children? ☐ Yes ☐ No ☐ Other

Explain: _____

Phone Number: _____ Email Address: _____

Have the children been removed from the home? ☐ No ☐ Yes— Date of removal: _____

Child(ren) placement information _____

Has this family had prior involvement with DHS? ☐ Yes ☐ No

If yes, when & why? _____

Date of next FTM: _____ Time: _____ Location: _____

Date of next court date: _____ Time: _____ Location: _____

Full Name of Family Member	Relationship to Parent	Date of Birth (MM/DD/YY)	Gender (M/F)	Race*	Hispanic/Latino?
	PARENT (SELF)				

**Mark all that apply: American Indian/Alaska Native (AI/AN), Black/African American (B), White (W), Asian (A), Native Hawaiian/Other Pacific Islander (NH/PI), Don't Know (DK), Refused (R) or "Other"— specify.*

Attempts to contact parent	Date	Type (phone, email, FTF)	Comments

Result of referral: ☐ Client accepted ☐ Client declined services ☐ Client not accepted for services

PP Assigned (name): _____ Date: _____

Date of Entry of Intake in database: _____ Date of Intake Completion: _____

Consent for the Release of Confidential Information

Purpose:

- The **Release of Confidential Information** form is used to grant permission between DHS staff and Parent Partner personnel for shared information about the referred parent.

Who completes form?

- **Release of Confidential Information** The referred parent completes with the Local Coordinator or Lead Parent Partner.
- **Release of Confidential Information** The section regarding the type of information released may be handled differently according to local protocol or common practice. Local Coordinators should discuss with their DHS liaison the type of information that is routinely shared for cases that are referred for Parent Partners.

When is form to be completed?

- The forms should be completed at intake as soon as possible after a referral is made.

What to do with form?

- The forms go to the Local Coordinator for program file.

How is the information used?

- This information is primarily used to assure permission has been given to share information between DHS and the Parent Partner program.

Where is this information kept after the family is no longer involved?

- Ten years following a family's leave from the program, these forms are destroyed.

Family Self-Assessment (ENTRY)

Purpose:

The form is used to find out where the family is in terms of program needs and services when they first become involved with Parent Partner mentoring process. This form can also be used as an engagement tool for a family new to the Parent Partner program.

Who completes form?

- This form is to be **completed by the family with the support of a Parent Partner** upon entry into the program.

When is form to be completed?

- The form should be completed and entered into the database within 30 days.
- For the "Family Member" put in the first and last name of the parent mentored in the Parent Partner Approach program.
- The "FACS ID#" should be the parent's FACS ID number.

What to do with form?

- The Local Coordinator will keep the form once it has been completed.

How is the information used?

- The information will help to understand a family's current abilities on a number of items related to their individual goals and the goals of the Parent Partner program.
- The form may be used as an encouragement tool for families who may encounter struggles through the Parent Partner mentoring process. For example, if a family member feels frustrated by a perceived lack of progress with their individual goals, a Parent Partner may use a blank copy of the form, have the family fill it out, and compare their current assessment with their initial assessment when entering the program.

Where is this information kept after the family is no longer involved?

Ten years following a family's leave from the program, this form is destroyed.



PARENT PARTNER APPROACH - FAMILY SELF ASSESSMENT (ENTRY)

This form is to be **completed by the family with the support of a Parent Partner** upon entry into the program.

- Ask the family member to use the scale at the top of the table to assess their current level for each item.
- Mark the number that corresponds to the family member's current self-assessment for each scale item in the far right column.

Family Member:

FACS ID#:

Parent Partner:

Date:

Using the scale below, mark the number in the far right column to indicate the family member's assessment on each item.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)	
					ENTRY ASSESSMENT
1.	I am able to find the community resources I need to keep my children safe.				
2.	I am able to complete the steps necessary to get the community resources I need.				
3.	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.				
4.	I am able to make the appropriate decisions for myself and family.				
5.	I have others who will listen when I need to talk about my problems.				
6.	I have others who will support positive choices and changes I make.				
7.	I talk reasonably and honestly with others about my situation and problems.				
8.	If there is a crisis in my life I have someone I can talk to.				
9.	I am able to effectively speak up for myself and my family to DHS and other service providers.				
10.	I am able to listen to DHS and other service providers and understand their concerns with my situation.				
11.	I feel comfortable when talking with my DHS worker or other service providers.				

Using the scale below, please mark the box that best describes your current relationship with your DHS worker.

<input type="checkbox"/> Very Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very Positive
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Please use the space below to provide any additional comments regarding any of the statements above.

Family Self-Assessment (EXIT)

Purpose:

- The form is used to assess a family member's progress in meeting their needs based on individual and program goals.

Who completes form?

- This form is to be **completed by the family with the support of a Parent Partner** upon exit into the program.

When is form to be completed?

- The form should be completed within 2 weeks prior to a family member's expected leave date in the Parent Partner program, or as near to their exit date as possible.
- For the "Family Member" put in the first and last name of the parent mentored in the Parent Partner Approach program.
- The "FACS ID#" should be the parent's FACS ID number.

What to do with form?

- The Local Coordinator will keep the form once it has been completed.

How is the information used?

- The information on this form will be used to determine the changes a family has experienced through the Parent Partner mentoring process. This form is a mirror copy of the form they complete at entry to the program, and can be used to encourage a family to identify the positive changes they have made for themselves and their families.

Where is this information kept after the family is no longer involved?

- Ten years following a family's leave from the program, this form is destroyed.



PARENT PARTNER APPROACH - FAMILY SELF ASSESSMENT (EXIT)

This form is to be completed by the family with the support of a Parent Partner upon entry into the program. There are two ratings to be completed:

- First, ask the family member to "think back to when they first began the Parent Partner program" and assess their level when they first started. Mark the number that corresponds to the family member's RETROSPECTIVE self-assessment for each scale item in the left column.
- Then ask the family member to assess their current level. Mark the number that corresponds to the family member's EXIT self-assessment for each scale item in the right column.

Family Member:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the number in the correct column to indicate the family member's assessment on each item.				
Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)

RETROSPECTIVE ASSESSMENT			EXIT ASSESSMENT
	1.	I am able to find the community resources I need to keep my children safe.	
	2.	I am able to complete the steps necessary to get the community resources I need.	
	3.	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	
	4.	I am able to make the appropriate decisions for myself and family.	
	5.	I have others who will listen when I need to talk about my problems.	
	6.	I have others who will support positive choices and changes I make.	
	7.	I talk reasonably and honestly with others about my situation and problems.	
	8.	If there is a crisis in my life I have someone I can talk to.	
	9.	I am able to effectively speak up for myself and my family to DHS and other service providers.	
	10.	I am able to listen to DHS and other service providers and understand their concerns with my situation.	
	11.	I feel comfortable when talking with my DHS worker or other service providers.	

Using the scale below, please mark the box that best describes your <u>current</u> relationship with your DHS worker.				
<input type="checkbox"/> Very Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very Positive

Please use the space below to provide any additional comments regarding any of the statements above.

Fidelity Checklist & Parent Outcome:

Purpose:

- The purpose of this form is to review key components of Parent Partner support to ensure that there consistency among Parent Partner's.
- This form is intended to evaluate the effectiveness of the support provided, not the personal behavior of the Parent Partner nor the parent.
- The form may also be used as a tool to assess the fidelity of the Parent Partner Program.

Who completes form?

- This form should be completed by the Parent Partner and the Local Coordinator or Lead Parent Partner.

When is form to be completed?

- The form should be completed upon a parent exiting the program.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- The Local Coordinator will keep the form in the parent's file once it has been completed.

How is the information used?

- The form will be used to assess a parent's experienced through the parent partner mentoring process. It is not a way to evaluate an individual Parent Partner, but rather to evaluate the parent's experience with the mentoring process overall.
- The Local Coordinator may use the information on this form to discuss the parent's overall case with the assigned Parent Partner.

Where is this information kept after the family is no longer involved?

- Ten years following an individual's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM FIDELITY CHECKLIST & PARENT OUTCOME ASSESSMENT

This form is to be completed **by the Parent Partner with the Local Coordinator** or Lead Parent Partner upon a parent exiting from the program. Consider using parent's file and database records as a reference when completing this form.

- There are TWO sections to this checklist; be sure to complete both.

Family being Mentored:

FACS ID#:

Parent Partner:

Date:

Using the scale below, mark the appropriate box to indicate your response for each item.

		<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>	<i>My parent declined or did not participate (N/A)</i>
The Parent Partner...							
1.	Encouraged the parent to fulfill their case plan activities						
2.	Had regular face to face visits with the parent						
3.	Had other (email, phone, web) communication and contact with the						
4.	Advocated for parent for needed resources						
5.	Encouraged the parent						
6.	Connected the parent with community resources						
7.	Helped the parent connect with the community						
8.	Coached the parent on communication strategies						
9.	Supported the parent at FTM, court, treatment, other gatherings						
10.	Coached the parent on what to expect throughout the process						

Please provide additional comments regarding the parent's performance on these activities throughout the parent partner program. If you rated any of the above statements as "Always" or "Rarely" or "Never," please explain why below

Using the scale below, mark the appropriate box to indicate your response for each item.						
		Significant Improvement	Some Improvement	Remained the Same	Decreased	Don't Know
Please rate the parent's IMPROVEMENT ON THEIR ...						
1.	Relationship with people who are able to connect them with resources					
2.	Relationship with people who support their positive changes)					
3.	Level of communication with their DHS worker					
4.	Level of communication with attorney(s					
5.	Ability to advocate appropriately for themselves & family					
6.	Knowledge of what needs to be done for custody of their children					
7.	Ability to get to appointments on time (visitation, FTMs, counseling session, substance abuse treatment, etc.)					
8.	Ability to find community resources for their family					
9.	Knowledge of who to contact with needs or concerns regarding their case					
10.	Level of personal responsibility and accountability for their actions					
11.	Willingness to make changes					
<p><i>If you rated any of the above statements as "Significant Improvement" or "Remained the Same" or "Decreased," please explain <u>why</u> below. Note that "Remained the Same" could mean that no change was needed, or the indicator was satisfactory to begin with.</i></p>						

Parent Partner Program - Parent Feedback (EXIT)

Purpose:

- The purpose of this form is to receive feedback from the parent regarding their experiences in the Parent Partner program.

Who completes form?

- The parent should complete this form on their own. Due to potential biases, the Parent Partner should not be present when the parent is completed the form.
- If privacy is a concern, a parent can request an addressed-and-stamped envelope to mail the completed form back in to the Local Coordinator.

When is form to be completed?

- The form should be completed upon a parent exiting the program.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- The Local Coordinator will keep the form in the parent's file once it has been completed.

How is the information used?

- The information is used to assess an individual's experiences with the Parent Partner program. It may also be used to identify the challenges of working with the parent, while also highlighting the strategies that were successful for a Parent Partner.

Where is this information kept after the family is no longer involved?

- Ten years following an individual's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM PARENT FEEDBACK FORM (EXIT)

This form is to be completed by **the parent** upon exit from the Parent Partner program.

- The parent should evaluate the quality of the statements from his or her perspective.
- There are TWO sections to this checklist; be sure to complete both.
- The completed form should be returned to the Local Coordinator.

Family being Mentored:

FACS ID#:

Parent Partner:

Date:

Using the scale below, mark the appropriate box to indicate your response for each item.

		Never	Rarely	Sometimes	Often	Always	My parent declined or did not participate (N/A)
The Parent Partner...							
1.	Encouraged the parent to fulfill their case plan activities						
2.	Had regular face to face visits with the parent						
3.	Had other (email, phone, web) communication and contact with the						
4.	Advocated for parent for needed resources						
5.	Encouraged the parent						
6.	Connected the parent with community resources						
7.	Helped the parent connect with the community						
8.	Coached the parent on communication strategies						
9.	Supported the parent at FTM, court, treatment, other gatherings						
10.	Coached the parent on what to expect throughout the process						

Please provide additional comments regarding the parent's performance on these activities throughout the parent partner program. If you rated any of the above statements as "Always" or "Rarely" or "Never," please explain why below

Using the scale below, mark the appropriate box to indicate your response for each item.						
		Significant Improvement	Some Improvement	Remained the Same	Decreased	Don't Know
Please rate the parent's IMPROVEMENT ON THEIR ...						
1.	Relationship with people who are able to connect them with resources					
2.	Relationship with people who support their positive changes)					
3.	Level of communication with their DHS worker					
4.	Level of communication with attorney(s)					
5.	Ability to advocate appropriately for themselves & family					
6.	Knowledge of what needs to be done for custody of their children					
7.	Ability to get to appointments on time (visitation, FTMs, counseling session, substance abuse treatment, etc.)					
8.	Ability to find community resources for their family					
9.	Knowledge of who to contact with needs or concerns regarding their case					
10.	Level of personal responsibility and accountability for their actions					
11.	Willingness to make changes					
<p><i>If you rated any of the above statements as "Significant Improvement" or "Remained the Same" or "Decreased," please explain <u>why</u> below. Note that "Remained the Same" could mean that no change was needed, or the indicator was satisfactory to begin with.</i></p>						

Parent Partner Monthly Activity Tracking Form

Purpose:

To track the individual activities of each Parent Partner to enable reporting site activity quarterly.

Who completes form?

- Each Parent Partner completes the form each month.

When is form to be completed?

- The form should be completed throughout the month following any activity with an assigned family or on a committee related to Parent Partners or Child Welfare. Upon completion of this form it must be entered into the database within 30 days.

Instructions for completing the form – Activities with each parent mentored

- Parent Partner may use one form per month and include all activities with all families; or they may choose to use one form for each family they are working with and combine the information for a monthly report to be turned in to the Local Coordinator.
- **Other face-to-face contact column** is to be used only if the contact does not fit another category listed on the form. For example, attending a FTM does not count as both — FTM and — Other face-to-face contact - just FTM.
- **Phone conversations** – is to be used to record conversations with each family.
- **Text or e-mail** – is to be used to record the separate — conversations with each family.

Instructions for completing the form – Program activities

- Parent Partner should record participation in all meetings, trainings and other activities specific to Parent Partners and child welfare in general.
- Indicate if local, state, or service area.
- Describe participation—presenter, participant, guest, etc.
- NOTE: If you are recording individual families on separate Monthly Tracking Forms, be sure to fill out your program activities only ONCE on one of the forms.

What to do with form?

- The Local Coordinator will keep the form once it has been completed.

How is the information used?

The Local Coordinator uses the information to report quarterly site activity on standard reporting form to the state coordinator.

Where is this information kept after the family is no longer involved?

Ten years from the month the activities are recorded, this form is destroyed.



PP Name: _____ Month/Year: _____

470-5068 (Rev. 07/14)

PARENT PARTNER – MONTHLY ACTIVITY TRACKING FORM (Continued)

[illegible]